



Colorado Health Plan Description Form
San Luis Valley
HMO
Effective January 1, 2004

PART A: TYPE OF COVERAGE

1 TYPE OF PLAN	HMO
2 OUT-OF-NETWORK CARE COVERED? ¹	Only for emergency and urgent care
3 AREAS OF COLORADO WHERE PLAN IS AVAILABLE	Plan is available only in the following counties: Alamosa, Conejos, Costilla, Mineral, Rio Grande, and Saguache

PART B: SUMMARY OF BENEFITS

Important Note: This form is not a contract, it is only a summary. The contents of this form are subject to the provisions of the policy, which contains all terms, covenants and conditions of coverage. Your plan may exclude coverage for certain treatments, diagnoses, or services not noted below. The benefits shown in this summary may only be available if required plan procedures are followed (e.g., plans may require prior authorization, a referral from your primary care physician, or use of specified providers or facilities). Consult the actual policy to determine the exact terms and conditions of coverage.

	IN-NETWORK (OUT-OF-NETWORK CARE IS NOT COVERED EXCEPT AS NOTED)
4 ANNUAL DEDUCTIBLE a) Individual b) Family	No Deductibles No Deductibles
5 OUT-OF-POCKET ANNUAL MAXIMUM ² a) Individual b) Family	2 X annual premium 2 X annual premium
6 LIFETIME OR BENEFIT MAXIMUM PAID BY THE PLAN FOR ALL CARE	No lifetime maximum (See Transplants, Line #24)
7 a) COVERED PROVIDERS	All physicians in the San Luis Valley six-county service area; approximately 1,000 specialty providers in Colorado; 15 Colo. hospitals. See provider directory for complete list.
7 b) WITH RESPECT TO NETWORK PLANS, ARE ALL THE PROVIDERS LISTED IN 7A. ACCESSIBLE TO ME THROUGH MY PRIMARY CARE PHYSICIAN?	Yes
8 ROUTINE MEDICAL OFFICE VISITS	\$30 per visit copay-PCP \$50 per visit copay-Specialist
9 PREVENTIVE CARE a) Children's Services b) Adult's Services	\$30 per visit copay-PCP \$50 per visit copay-Specialist \$30 per visit copay-PCP \$50 per visit copay-Specialist
10 MATERNITY a) Prenatal care b) Delivery & inpatient well baby care	\$30 per visit copay-PCP \$50 per visit copay-Specialist \$250 copay per day; up to maximum of \$1,000 copay per admission
11 PRESCRIPTION DRUGS Level of coverage and restrictions on prescriptions	\$15 copay for formulary generic; \$40 copay for formulary brand name ; \$60 copay for non-formulary brand name and non-formulary generic. Prescriptions are filled at the lesser of a 30-day supply or 100 unit dose. Two copays required for 90-day supply of maintenance drugs through mail order. 20% copay for injectables. For drugs on our approved list, excluded drugs and injectables subject to the 20% copay contact Customer Service. Not subject to out of pocket maximum.
12 INPATIENT HOSPITAL	\$250 copay per day; up to maximum of \$1,000 copay per admission
13 OUTPATIENT/AMBULATORY SURGERY	\$200 copay per procedure.

14	LABORATORY AND X-RAY a) Individual b) Family	\$30 copay \$150 copay per procedure for MRI/MRA/CT//PET scans.
15	EMERGENCY CARE ³	\$100 copayment per visit (waived if admitted) Emergency Care covered in or out-of-network.
16	AMBULANCE	\$20% copay per trip. Not waived if admitted, not included in out-of-pocket maximum.
17	URGENT, NON-ROUTINE, AFTER HOURS CARE	\$50 per urgent care visit copay (\$100 if in emergency room) Urgent care may be received from your PCP or from an urgent care center. Care covered in or out-of-network.
18	BIOLOGICALLY-BASED MENTAL ILLNESS ⁴ CARE	Coverage is no less extensive than the coverage provided for any other physical illness.
19	OTHER MENTAL HEALTH CARE a) Inpatient care b) Outpatient care	50% copay (limited to 45 days) \$30 copay per visit (limited to 20 visits)
20	ALCOHOL & SUBSTANCE ABUSE a) Inpatient c) Outpatient	50% copay (covered only for short term detoxification, rehabilitation not covered) Limited to one treatment per contract year, two treatments for lifetime. \$30 copay per visit (limited to 20 visits)
21	PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY a) Inpatient care b) Outpatient care	\$250 copay per day up to maximum of \$1,000 copay per admission. \$30 per visit copay (limited to 30 treatments per injury or illness)
22	DURABLE MEDICAL EQUIPMENT	50% copay (benefit limited to \$3,000 benefit payment per calendar year, combined with oxygen benefit (line 23), except for prosthetic devices that are not subject to the maximum benefit payment, but does reduce the maximum benefit payment of \$3,000.
23	OXYGEN	50% copay (limited to \$3,000 benefit payment per calendar year, combined with durable medical equipment benefit (line 22)
24	ORGAN TRANSPLANTS	\$250 copay per day, up to maximum of \$1,000 copay per admission. Cornea, heart, heart-lung, lung, kidney, kidney-pancreas, liver, bone marrow (only for certain medical conditions), peripheral blood stem cell. \$250,000 Lifetime Maximum Benefit.
25	HOME HEALTH CARE	No copay (100% covered) when authorized. Limited to 30 visits per calendar year.
26	HOSPICE CARE	No copay (100% covered) when authorized.
27	SKILLED NURSING FACILITY CARE	No copay (100% covered) when authorized; limited to 30 days per calendar year.
28	DENTAL CARE	No dental benefits are available under this medical plan. However, the State of Colorado offers two separate dental plans for eligible employees and dependents. See other enrollment materials.
29	VISION CARE	\$20 per visit copay limited to one visit every 24 months. Hard-ware not covered.
30	CHIROPRACTIC CARE	Not covered.
31	SIGNIFICANT ADDITIONAL COVERED SERVICES (list up to 5)	Free child car seat program for expectant mothers who meet eligibility criteria; Smoking cessation program - \$150 lifetime benefit; Infertility Services: for diagnosis only - 50% copay. Hearing Aids – Covered up to \$500 once every three (3) years.

PART C: LIMITATIONS AND EXCLUSIONS

32	PERIOD DURING WHICH PRE-EXISTING CONDITIONS ARE NOT COVERED ⁵	Not applicable. Plan does not impose limitation periods for pre-existing conditions.
33	EXCLUSIONARY RIDERS. Can an individual's specific, pre-existing condition be entirely excluded from the policy?	No
34	HOW DOES THE POLICY DEFINE A "PREEXISTING CONDITION"?	Not applicable. Plan does not impose limitation periods for pre-existing conditions.
35	WHAT TREATMENTS AND CONDITIONS ARE EXCLUDED UNDER THIS POLICY?	Exclusions vary by policy. A list of exclusions is available immediately upon request from your carrier. Review them to see if a service or treatment you may need is excluded from the policy.

PART D: USING THE PLAN

36	Does the enrollee have to obtain a referral and/or prior authorization for specialty care in most or all cases?	Yes
37	Is prior authorization required for surgical procedures and hospital care (except in an emergency)?	Yes
38	If the provider charges more for a covered service than the plan normally pays, does the enrollee have to pay the difference?	No
39	What is the main customer service number?	1-800-475-8466 or 1-719-589-3696
40	Whom do I write/call if I have a complaint or want to file a grievance ⁶	Complaint & Grievance Coordinator San Luis Valley HMO Inc.700 Main Street, Suite 100 Alamosa, CO 81101 1-800-475-8466 or 1-719-589-3696
41	Whom do I contact if I am not satisfied with the resolution of my complaint or grievance?	Colorado Division of Insurance Denver, ICARE Section 1560 Broadway, Suite 850 CO 80202
42	To assist in filing a grievance, indicate the form number of this policy; whether it is individual, small group, or large group; and if it is a short-term policy.	Policy Form SLV/SOC2004 Large Group Only

PART E: COST

43	What is the cost of this plan?	Employee Portion	State Contribution	Full Premium
	Employee only	\$120.00	\$156.06	\$272.76
	Employee + 1 dep.	\$316.28	\$232.52	\$545.50
	Employee + 2 or more dep.	\$440.86	\$326.46	\$764.02

PART F: PHYSICIAN PAYMENT METHODS, AND PLAN EXPENDITURES FOR HEALTH

Any person interested in applying for coverage, or who is covered by or who purchased coverage under this plan, may request answers to the

- What are the three most frequently used methods of payment for primary care physicians?
- What are the three most frequently used methods of payment for physician specialists?
- What other financial incentives determine physician payment?
- What percentage of total Colorado premiums are spent on health-care expenses as distinct from administration and profit?

Operations Manager San Luis Valley HMO, Inc. 700 Main, Suite 100 Alamosa, CO 81101 1-800-475-8466 or 1-719-589-3696

Endnotes:

1. “Network” refers to a specified group of physicians, hospitals, medical clinics and other health care providers that your plan may require you to use in order for you to get any coverage at all under the plan, or that the plan may encourage you to use because it may pay more of your bill if you use their network providers (i.e., go in-network) than if you don’t (i.e., go out-of-network).
2. “Out of Pocket Maximum” The maximum amount you will have to pay for allowable covered expenses under a health plan, which may or may not include the deductible or copayments, depending on the contract for that plan.
3. “Emergency Care” means services delivered by an emergency care facility which are necessary to screen and stabilize a covered person. The plan must cover this care if a prudent lay person having average knowledge of health services and medicine and acting reasonably would have believed that an emergency medical condition or life-or-limb threatening emergency existed
4. “Biologically based mental illnesses” means schizophrenia, schizoaffective disorder, bipolar affective disorder, major depressive disorder, specific obsessive-compulsive disorder, and panic disorder.
5. Waiver of pre-existing condition exclusions. State law requires carriers to waive some or all of the pre-existing condition exclusion period based on other coverage you recently may have had. Ask your carrier or plan sponsor (e.g., employer) for details.
6. Grievances. Colorado law requires all plans to use consistent grievance procedures. Write the Colorado Division of Insurance for a copy of those procedures.